## FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL				
OMB Number:	3235-0076			
Expires:	May 31, 2005			
Estimated average burden				
hours per respo	nse 16.00			

SE	SEC USE ONLY						
Prefix		Serial					
DA	DATE RECEIVED						
	1						

	/ A N
Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Confidential Private Offering dated February 16, 2004	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 506 Section 4(6)	) ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	(2) [8]
Lucigen Corporation	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
2120 West Greenview Drive, Middleton, WI 53562	608-831-9011
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
same	
Brief Description of Business The development, manufacture and sale of	cloning kits, reagents and
unique enzymes for applications including biomedical reseand industrial processing.	
Type of Business Organization	
corporation limited partnership, already formed other (	please specify):
business trust limited partnership, to be formed	PROCESSEU
Month Year	
Actual or Estimated Date of Incorporation or Organization: [UT2] [9T8] [X] Actual [ Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	FEB 25 2004
CN for Canada; FN for other foreign jurisdiction)	WII THOMSON
GENERAL INSTRUCTIONS	FINANCIAL

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

SEC 1972 (6-02)

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

**ATTENTION** 

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not

required to respond unless the form displays a currently valid OMB control number.

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2. Enter the information requested for the following:		
• Each promoter of the issuer, if the issuer has been organized within the past five years;		
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of the control of the contro	of, 10% or more o	of a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate general and man	naging partners of	f partnership issuers; and
• Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: X Promoter X Beneficial Owner X Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Mead, David	4 - · · · · · · · · · · · · · · · · · ·	
Business or Residence Address (Number and Street, City, State, Zip Code) 2120 W. Greenview Drive, Suite 9, Middleton, WI 53562	2	
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer	\(\) Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Kauten, Ralph		
Business or Residence Address (Number and Street, City, State, Zip Code)		
1529 Morrison Street, Madison, WI 53703		·
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)	Sun -	
Business or Residence Address (Number and Street, City, State, Zip Code)	·	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Einhorn, Stephen		
Business or Residence Address (Number and Street, City, State, Zip Code)		
2675 North Mayfair Road, Suite 410, Milwaukee, WI 53	3226	
Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Mead, Julie		
Business or Residence Address (Number and Street, City, State, Zip Code)		
2120 W. Greenview Drive, Suite 9, Middleton, WI 5356	62	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		

				SH I	. В. П	NFORMAT	ION ABOU	t offeri	NG						
1.	Has the	issuer solo	l, or does th	ne issuer ir	ntend to se	ll, to non-a	ccredited i	nvestors in	this offeri	ing?		Yes	No [X]		
	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?														
2.	What is	the minim	um investn	nent that w	ill be acce	pted from a	any individ	lual?	***************************************	***************************************		\$ <u>20</u>	\$ 20,000		
3.	Does the	e offering	permit join	t ownershi	p of a sing	le unit?		,	************			Yes [X]	No □		
4.	Enter th	e informat	ion request	ed for eac	h person w	ho has bee	en or will b	e paid or	given, dire	ctly or ind	irectly, any	_			
	If a perse	on to be lis	ted is an ass	sociated pe	rson or age	nt of a brok	cer or deale	r registered	d with the S	EC and/or	he offering. with a state				
			ime of the b you may s							ciated pers	ons of such				
Full		ast name	first, if ind	ividual)											
Busi	N/A ness or I	Residence	Address (N	lumber and	i Street, Ci	ty, State, Z	Lip Code)		<del>.</del> . <del></del> ,		· · · · · · · · · · · · · · · · · · ·				
Nom	<del> </del>	a sintad Da	oker or De						.,	····					
Nam	ie oi Ass	ociated Br	oker or De	aier											
			Listed Has									-	-		
	(Check '	'All States	" or check	individual	States)	•••••						☐ Al	States		
	AL	AK	AZ	AR	CA]	CO	CT	DE)	DC	FL	GA	HI			
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA		
	RI	SC	SD	TN	TX	UT	$\overline{VT}$	VA	WA	WV	WI	$\overline{WY}$	PR		
Full	Name (I	ast name	first, if ind	ividual)											
Busi	ness or	Residence	Address (1	Number an	d Street, C	ity. State. 2	Zip Code)								
Nam	e of Ass	ociated Br	oker or De	aler											
State	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers								
	(Check '	'All States	" or check	individual	States)		***************************************	*************				☐ Al	States		
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID		
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA		
	RI	SC	SD	TN	TX	UT	VT	VA	WA	$\overline{WV}$	WI	WY	PR		
Full	Name (I	ast name	first, if ind	ividual)	····							<del>-</del>			
Busi	ness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)			<del></del>					
Name of Associated Broker or Dealer															
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers															
(Check "All States" or check individual States)								States							
AL AK AZ AR CA CO CT DE DC FL GA									HI	ID					
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA		
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR		

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		•		
	Type of Security	Aggregate Offering Pri		Ai	mount Already Sold
	Debt	\$		\$	
	Equity	800,00	0	\$_ <sup>1</sup>	.50,000
	Common Preferred				
	Convertible Securities (including warrants):	\$		\$	
	Partnership Interests	\$		\$_	<del></del>
	Other (Specify)	\$	<u>.                                    </u>	\$	
	Total	\$		\$_	
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate Pollar Amount of Purchases
	Accredited Investors				150,000
	Non-accredited Investors			\$_ \$	
	Total (for filings under Rule 504 only)			-	
	Answer also in Appendix, Column 4, if filing under ULOE.			Φ_	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type of Security		I	Pollar Amount Sold
	Rule 505			\$_	
	Regulation A		<del></del>	\$_	
	Rule 504			\$_	······································
	Total	<del></del>		\$_	·
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		,		
	Transfer Agent's Fees			\$_	
	Printing and Engraving Costs			\$_	
	Legal Fees	******	X.	\$	6,000
	Accounting Fees			\$_	٥
	Engineering Fees				
	Sales Commissions (specify finders' fees separately)		$\Box$		
	Other Expenses (identify)				
	Total		<u> </u>	-	6,000

	C. OFFERING PRICE, NUMI	BER OF INVESTORS, EXPENSES AND USE O	)F PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted g	ross	\$_794,000
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	and .		
		•	Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$	<b>\$</b>
	Purchase of real estate		\$	<u></u> \$
	Purchase, rental or leasing and installation of mac			
	and equipment			
	Construction or leasing of plant buildings and faci		🔲 \$	
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	Г.	
	Repayment of indebtedness	•		_
	Working capital		<del></del>	
			<b>—</b>	
	Other (specify):		\$	
			 	<b>\$</b>
	Column Totals		\$	<u></u> \$
	Total Payments Listed (column totals added)		🖹 \$ <u>79</u>	94,000
		D. FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur- information furnished by the issuer to any non-accu	nish to the U.S. Securities and Exchange Con	nmission, upon writte	
Īss	ner (Print or Type)	Signature	Date	
	Lucigen Corporation	Land has &	February	18, 2004
	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
	David Mead	President		
		L		<del></del>

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)